| PATENT APPLICATION FEE DETERMINATION REC<br>Effective December 8, 2004  |  |   |  |   |   |                  |     | ORD                     | Application or Docket Number |          |                     |                        |
|---|--|---|--|---|---|------------------|-----|-------------------------|------------------------------|----------|---------------------|------------------------|
| CLAIMS AS FILED - PAF<br>(Column 1)   |  |   |  |   | (Column 2)                              |                  |     | SMALL ENT               |                              | OR       | OTHER<br>SMALL      |                        |
| U.S. NATIONAL STAGE FEES  |  |   |  |   |   |                  | 1   | RATE -                  | FEE                          | <u> </u> | RATE                | FEE                    |
| BASIC FEE   |  |   | SMALL ENT. = \$ 150  |   | LAR                                     | GE ENT. = \$ 300 | 1   | BASIC FEE               | 146                          | OR       | BASIC FEE           |                        |
| EXAMINATION FEE   |  |   | Satisfies PCT Article 33(1)-<br>(4) = \$50/\$100                         |   | All other situations = \$100 / \$200    |                  | 1   | EXAM FEE                | 3                            | 1        | EXAM. FEE           |                        |
| SEARCH FEE  |  |   | U.S. is ISA = \$ 50 / \$ 100<br>ALL other countries =<br>\$ 200 / \$ 400 |   | All other situations = \$ 250 / \$ 500  |                  |     | SEARCH FEE              | 260                          |          | SEARCH FEE          | -                      |
| FEE FOR EXTRA SPEC. PGS.  |  |   | minus 100 =  |   | / 50 =                                  |                  | 1   | X \$ 125 =              |                              |          | X \$ 250 =          |                        |
| TOTAL CHARGEABLE CLAIMS   |  |   | 1  | minus 20 =                              | •                                       |                  | 1   | X \$ 25 =               |                              | OR       | X \$ 50 =           |                        |
| INDEPENDENT CLAIMS  |  |   |  | minus 3 =                               | minus 3 = .                             |                  |     | X \$ 100 =              |                              | OR       | X \$ 200 =          |                        |
| MUI   | TIPLE DEPEN                                    | DENT CLAIM PR                             | ESENT  | - · · · · · · · · · · · · · · · · · · · |   |                  | 1   | + \$ 180 =              | 1                            | OR       | + \$ 360 =          | -                      |
| ff the difference in column 1 is less than zero, enter "0" in column 2  |  |   |  |   |   |                  |     | TOTAL                   | 49                           | OR       | TOTAL               |                        |
| CLAIMS AS AMENDED - PART II   |  |   |  |   |   |                  | 1 1 | SMALL E                 | NTITY<br>ADDI-               | OR       | OTHER<br>SMALL E    |                        |
| AMENDMENT A   | 1/18/5   | REMAINING<br>AFTER<br>AMENDMENT           |  | PREVIO                                  | NUMBER PRESEI PREVIOUSLY EXTRA PAID FOR |                  |     | RATE                    | TIONAL<br>FEE                |          | RATE                | TIONAL<br>FEE          |
|   | Total  | • /                                       | Minus  | -2                                      | 0                                       | -(               |     | X \$ 25 =               |                              | OR       | X \$ 50 =           |                        |
|   | Independent                                    | · /                                       | Minus  | <u> </u>                                |   | -                | H   | X \$ 100 =              |                              | OR       | X \$ 200 =          |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |   | MIAJ                                    | . 🗆 `            | Н   | <del>- + \$ 180 =</del> |                              | OR       | +\$360=             |                        |
|   |  |   |  |   |   |                  |     | TOTAL ADDIT.<br>FEE     |                              | OR       | TOTAL ADDIT.<br>FEE |                        |
|   |  | (Column 1)                                |  | (Colum                                  |   | (Column 3)       |     |                         |                              | _        |                     |                        |
| NT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGHE<br>NUMB<br>PREVIO<br>PAID F       | ER<br>USLY                              | PRESENT<br>EXTRA |     | RATE                    | ADDI-<br>TIONAL<br>FEE       |          | RATE                | ADDI-<br>TIONAL<br>FEE |
| DME   | Total  | •   | Minus  | **                                      |   | 8                |     | X \$ 25 =               |                              | OR       | X \$ 50.=           |                        |
| AMENDMENT   | Independent                                    | •   | Minus  | 944                                     | :                                       | =                |     | X \$ 100 =              |                              | OR       | X \$ 200 =          |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |   | LAIM                                    |                  |     | + \$ 180 =              | . ]                          | OR       | + \$ 360 =          |                        |
|   |  |   |  |   |   |                  |     | TOTAL ADDIT.<br>FEE     |                              | OR       | TOTAL ADDIT.<br>FEE |                        |
| * If the entry in column 1 is less than the entry in column 2, write "O" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |  |   |   |                  |     |                         |                              |          |                     |                        |